ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625

SEPTIC: IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM

DW 1100

PERMIT # AP 3150666

Relocation

APPLICANT/OWNER: Jason & Michelle Barsosky | PIN# 4625-82-4765

APPLICANT ADDRESS: 124 Chesterwood Ct Mooresville, NC 28117

SITE ADDRESS: 124 Chesterwood Ct Mooresville, NC 28117 | PHONE: 603 732-2345 | ALT. PHONE

SITE DIRECTIONS: Brawley School Rd TL Chesterwood Ct to End

SUBDIVISION: The Point | SECTION: 13 | LOT # 1375 | LOT AREA: .885 Ac

SAP CONTROLLED: ☐ YES ☒ NO

DESIGN FLOW: 480 gpd | L.T.A.R.: .3

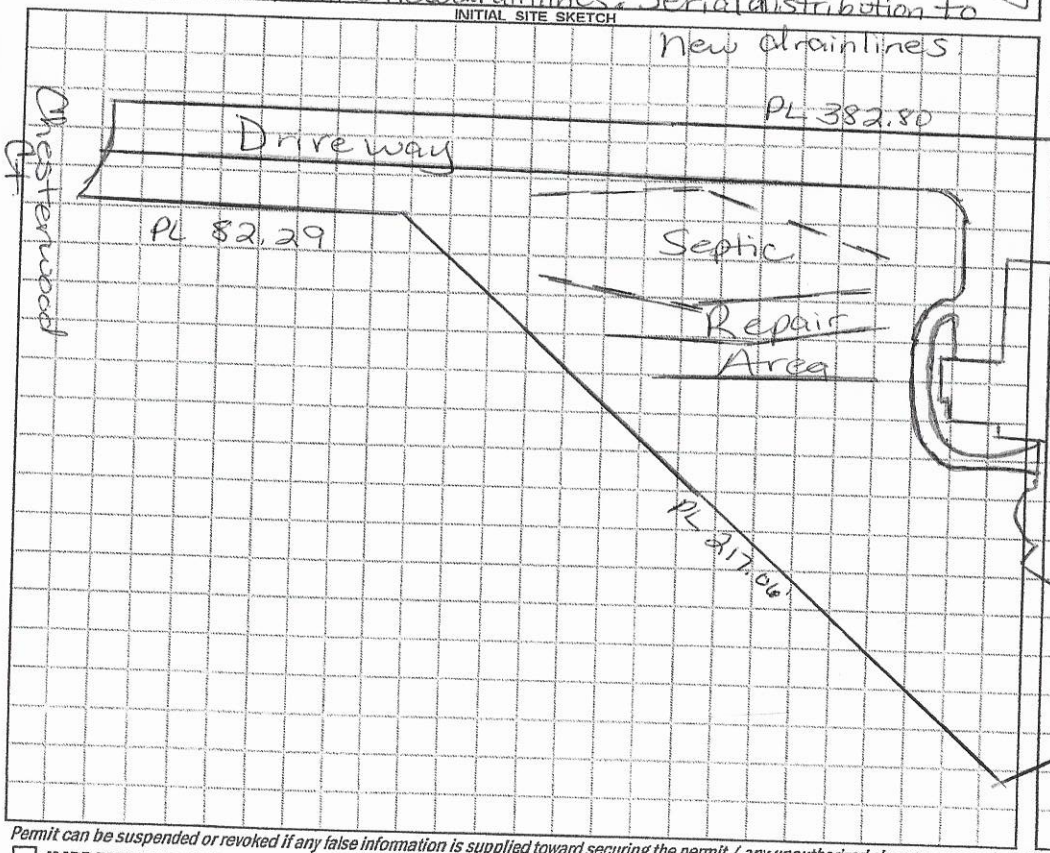
Septic Tank: Exist (gal)	STB	Date	☒ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms: 4	Water Supply: ☐ Private
Pump Tank (gal)	PT	Date	System Description: Gravity - 25% Reduction		☐ Business	No. Persons: 8	☐ Public
Pump Make	Model	Serial #	Repair System Description: LP Panel Blk		☐ Other	No. Employees	☒ Community
# Nitrification Fields: 1	# Lines: 3	Linear Ft: 100 ft exist	Maintenance Agreement Required: ☐ YES ☒ NO		☐ Slab	☒ Crawl Space	
Trench Width: 36"	Trench Bottom Depth (Low side) max 36"	Gravel Depth: N/A	☒ GRAVITY ☐ PRESSURE		☐ Basement w/ plumbing	☐ Basement w/o plumbing	

Comments / Conditions: Abandon Exist Septic drainlines <15ft from pool cut/waters edge. Save 30ft on lower 3 existing drainlines. Install 3 new drainlines. Serial distribution to new drainlines

Keep Septic Supply line >10ft from pool cut.

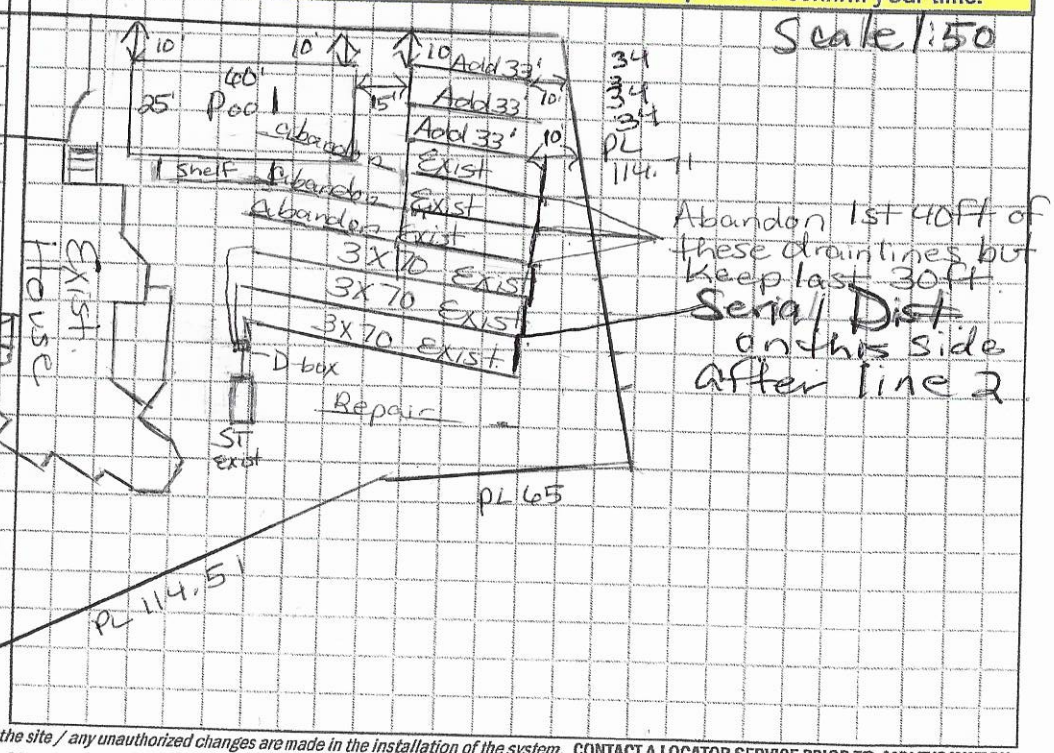
*Dam up ends of existing lines that are cut off

INITIAL SITE SKETCH



AS BUILT SKETCH

FOR SEPTIC FINAL INSPECTION CALL: 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inspector to confirm your time.



Permit can be suspended or revoked if any false information is supplied toward securing the permit / any unauthorized changes are made to the site / any unauthorized changes are made in the installation of the system. CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION

☐ IMPROVEMENT PERMIT *with plat valid without expiration.* ☒ IMPROVEMENT PERMIT *with site plan valid for 60 mos.* ☐ AUTHORIZATION TO CONSTRUCT *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: [signature] Date: 4/16/21

IMPROVEMENT PERMIT by: Maria Dotson Date: 4/15/21

AUTHORIZATION TO CONSTRUCT by: Maria Dotson Date: 4/15/21

Installed by: Precision Excavation

OPERATION PERMIT by: Maria Dotson Date: 6/9/21

Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH, ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

Sheet ___ of ___
PROPERTY ID #: 4625824764
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM
(Complete all fields in full)

OWNER: Jason & Michelle Barsosky
ADDRESS: 124 Chesterwood Ct Mville NC
PROPOSED FACILITY: House
LOCATION OF SITE: The Point #1375
PROPOSED DESIGN FLOW (.1949): 480gpd
APPLICATION DATE: 2/15/21
DATE EVALUATED: 4/7/21
PROPERTY SIZE: .885 Ac
PROPERTY RECORDED: Y

WATER SUPPLY: ☐ Private ☒ Public ☐ Well ☐ Spring ☐ Other ___
EVALUATION METHOD: ☐ Auger Boring ☒ Pit ☐ Cut
TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1 A	10%	0-14	Brw SCL	WSBK SS, SP, SExP, FR					PS
		14-38	RdC m	SBK SS, SP, SExP, FR					
		38-56	RdO/Gr m-w	SBK SS, SP, SExP, FR					.3
		few	SAP	Inclus	—	56"	—	—	
2 B	7%	0-7	Brw SCL	WSBK SS, SP, SExP, FR					PS
		7-42	RdC m-w	SBK SS, SP, SExP, FR					.3
		42-60	RdC	WSBK SS, SP, SExP, FR					
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	2570 Red	PPBPS
Site LTAR	.3	.3

OTHER FACTORS (.1946): ___
SITE CLASSIFICATION (.1948): ___
EVALUATED BY: Maria Dotson
OTHER(S) PRESENT: David Bean

COMMENTS: ___

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*	MINERALOGY/ CONSISTENCE	STRUCTURE
CC (Concave Slope) CV (Convex Slope) D (Drainage Way) DS (Debris Slump) FP (Flood Plain) FS (Foot Slope) H (Head Slope) L (Linear Slope) N (Nose Slope) R (Ridge) S (Shoulder Slope) T (Terrace)	I	S (Sand) LS (Loamy Sand)	1.2 - 0.8	0.6 - 0.4	SEXP (Slightly Expansive) EXP (Expansive)	G (Single Grain) M (Massive) CR (Crumb) GR (Granular) SBK (Subangular Blocky) ABK (Angular Blocky) PL (Platy) PR (Prismatic)
	II	SL (Sandy Loam) L (Loam)	0.8 - 0.6	0.4 - 0.3		
	III	Si (Silt) SiCL (Silty Clay Loam) CL (Clay Loam) SCL (Sandy Clay Loam) SiL (Silt Loam)	0.6 - 0.3	0.3 - 0.15		
	IV	SC (Sandy Clay) SiC (Silty Clay) C (Clay)	0.4 - 0.1	0.2 - 0.05		
		O (Organic)	None	None		

MOIST	WET
VFR (Very Friable)	NS (Non-sticky)
FR (Friable)	SS (Slightly Sticky)
FI (Firm)	S (Sticky)
VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
EFI (Extremely Firm)	NP (Non-plastic)
	SP (Slightly Plastic)
	P (Plastic)
	VP (Very Plastic)

*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

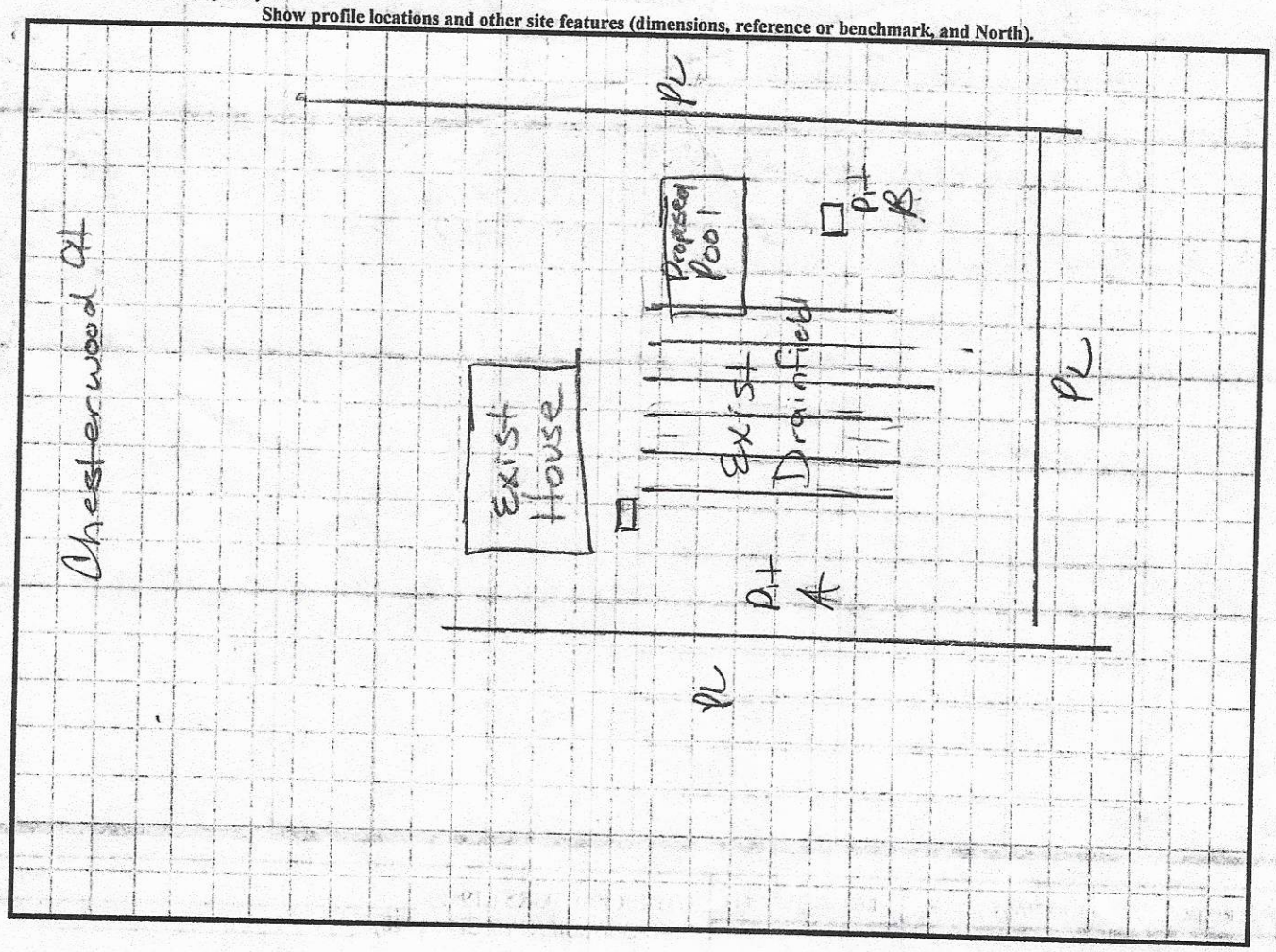
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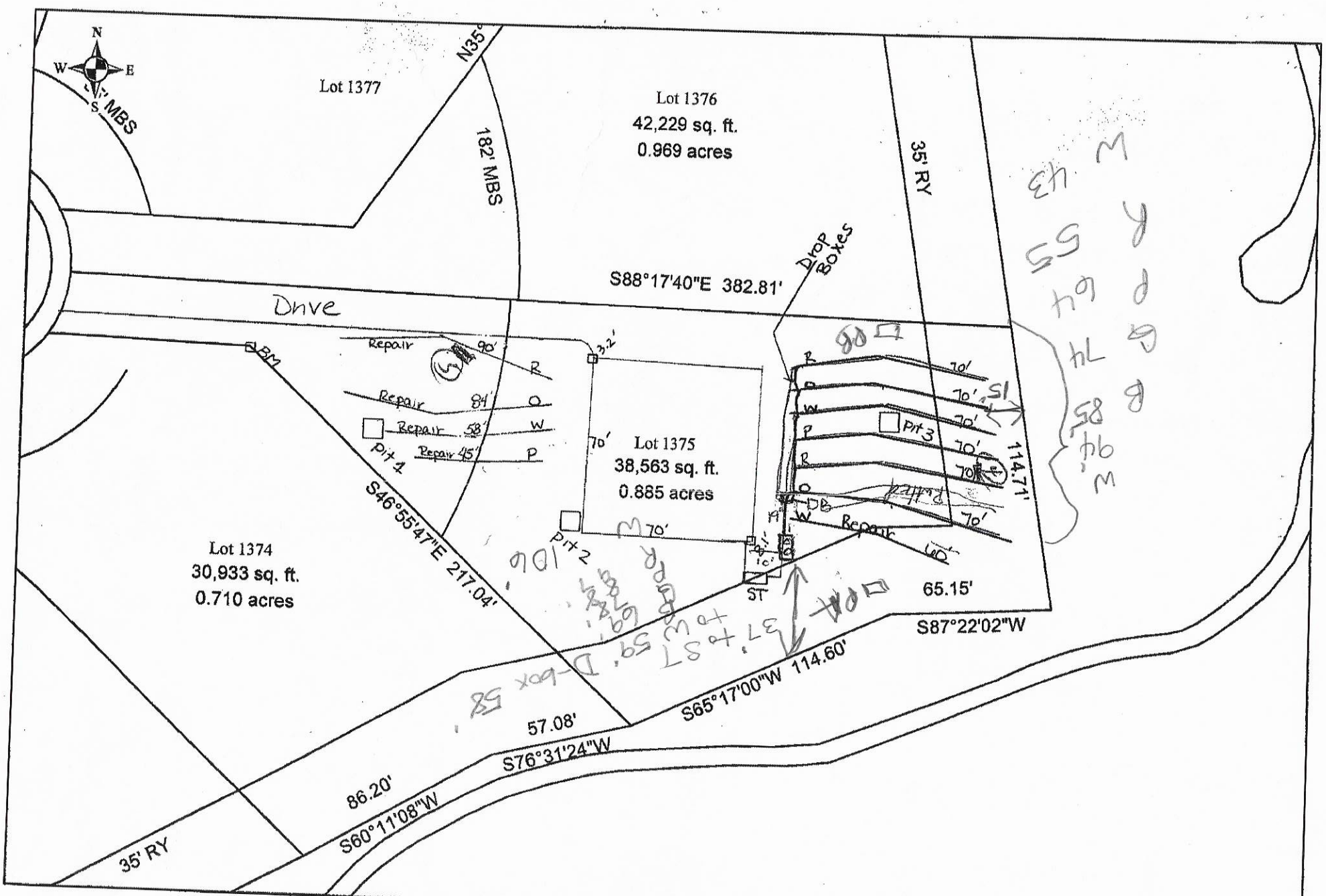
HORIZON DEPTH	In inches below natural soil surface
DEPTH OF FILL	In inches from land surface
RESTRICTIVE HORIZON	Thickness and depth from land surface
SAPROLITE	S(suitable) or U(unsuitable)
SOIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation
CLASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

Evaluation of saprolite shall be by pits.

Long-term Acceptance Rate (LTAR): gal/day/ft²

Show profile locations and other site features (dimensions, reference or benchmark, and North).





Scale: 1 inch equals 50 feet	S&ME ENVIRONMENTAL SERVICES · ENGINEERING · TESTING	The Pointe Phase 13	FIGURE
Drawn by: JBP		Lot 1375	1
Reviewed by: P_P		Iredell County, NC	
Date: July, 2005			

124 Chesterwood Ct.pdf
RELOCATION 124 Chesterwood Ct 2/17/21 CALL FIRST so dogs can be put up 60... 1 of 10

Owner Email: MAW7150@aol.com Phone: 1005-726-2576 Alt. Phone: 1005-726-2[illegible]

Property Information:

Street Address: 124 Chesterwood Ct. Mooresville NC 28117

Subdivision Name: The Point Section/Phase: _____ Lot Number: _____

Driving Directions: Down Brawley School Rd. go around roundabout, stay on Brawley We are the first road on the left

Site Development Information: *(check or complete ALL that apply)*

( ) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____

Maximum Number of Bedrooms: 4
Maximum Number of Occupants: 4
(X) Swimming Pool
( ) Other Addition/Structure: _____

CHECK FOUNDATION TYPE

(X) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

Water Supply: ( ) Replacement Well – Reason: _____
( ) Multi-connection Well Number of Houses: _____ Number of Persons: _____

( ) New Well ( ) Existing Well (X) Community Well ( ) City Water ( ) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: 2009
(X) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: _____

Please answer the following to the best of your ability:

( ) Yes (X) No Does the site contain any jurisdictional wetlands?
( ) Yes (X) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes (X) No Is the site subject to approval by any other public agency?

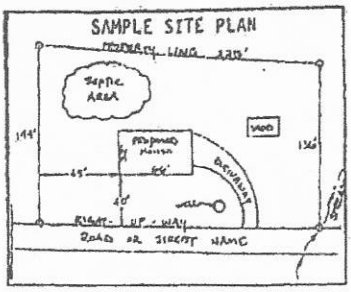
I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed.

Signature: Michelle A. Bassey 2-15-2021
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

Page 1 of 4

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAGE 2: *SITE PLAN WORKSHEET*

SEE THE "SAMPLE SITE PLAN" BELOW. INCOMPLETE SITE PLANS WILL BE RETURNED TO YOU FOR COMPLETION AND MAY RESULT IN A DELAY IN THE ISSUANCE OF YOUR SEPTIC SYSTEM PERMIT!!!



Place an (X) beside each item as you complete the site plan:

(X) Property Line measurements are clearly identified
(X) All proposed structures are indicated
(X) Front and side setbacks from property line
(X) Preferred driveway location and well location
( ) Area you prefer your septic system to be placed
( ) North arrow, or other sufficient indicator of direction

Circle N/A on the following if appropriate:

Location of septic systems and wells within 100' of your property N/A
Location of easements and rights of ways on your property N/A
Location of any designated wetlands on the property N/A

USE THIS SPACE TO DRAW YOUR SITE PLAN

Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

(Check and sign only ONE of the options below)

☒ 1. * APPLICANT AND OWNER ARE THE SAME. * (Sign here) Michelle & Jason Barsosky

Applications for permits require the "signature of the owner or owner's legal representative" (15A NCAC 18A .1937). If the owner does not sign the application himself or herself, they can submit any one of the following documents to designate their legal representative: *Power of Attorney; Real Estate Contract; Estate executor; Bankruptcy trustee; Court ordered guardianship*
In the absence of the above documentation, the property owner may provide the local health department with documentation that designates a legal representative. A property owner may:
Complete this form to document his or her legal representative, or provide his or her own form that contains the information in this form. If there are multiple property owners, then all property owners must sign the form that designates a legal representative.
By signing a form that designates a legal representative for purposes of 15A NCAC 18A .1937, the property owner authorizes that representative to act on their behalf in matters pertaining to the application and permitting process, including signing or receiving any application, document or permit. The owner retains full responsibility to meet all permit conditions specified by the local health department.

☒ 2. I, ~~Michelle~~ _____, am the legal owner(s) of the property located at _____, identified as PIN (Parcel Identification Number)_____, located in Iredell County, North Carolina.

I do hereby authorize **(print legal representative/company name)** _____, _____, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

- Application for Improvement Permit (IP) / Authorization to Construct (AC)
- Improvement Permit (IP) / Authorization to Construct (AC)
- Application for soil-site evaluation (new/repair)
- Application/permit for private drinking water well/well abandonment
- Application for Compliance Inspection

I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

Michelle A. Barsosky
Signature of Owner(s)

2-13-2021
Date

Mooresville - Environmental Health
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

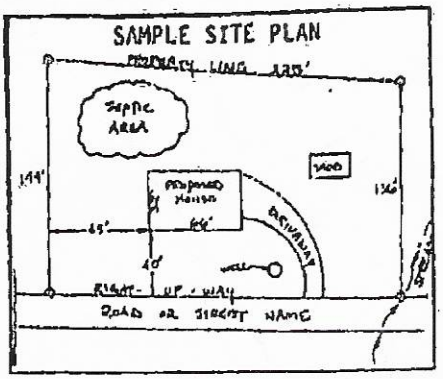
Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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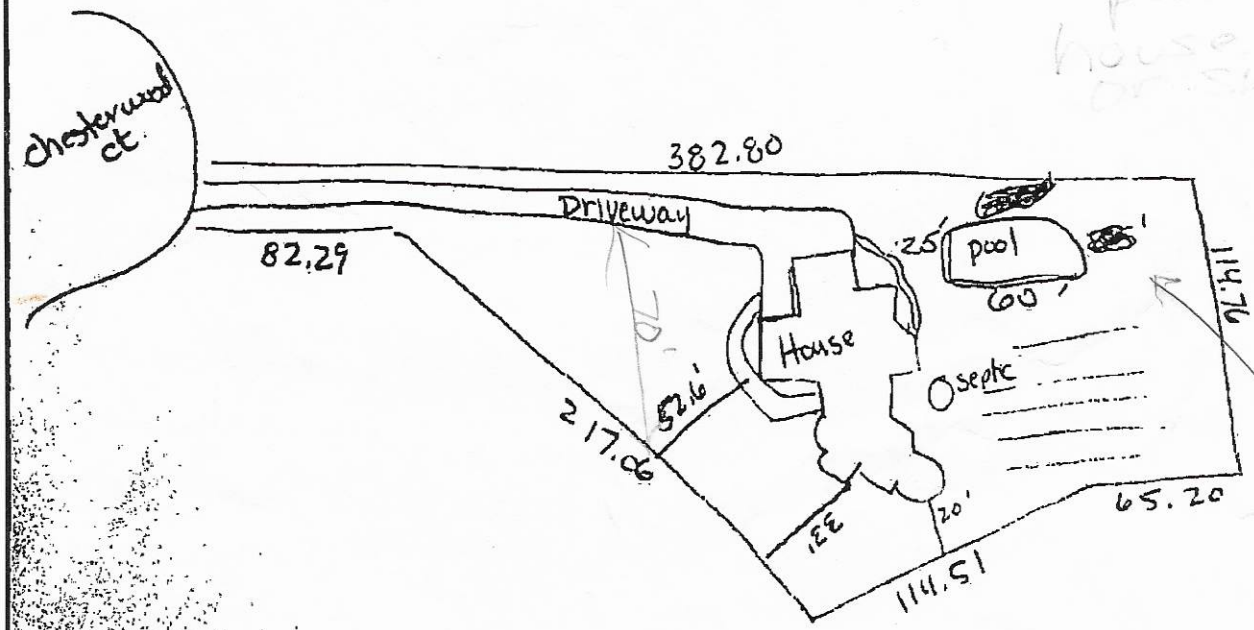
Circle N/A on the following if appropriate:

Location of septic systems and wells within 100' of your property	N/A
Location of easements and rights of ways on your property	N/A
Location of any designated wetlands on the property	N/A

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Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

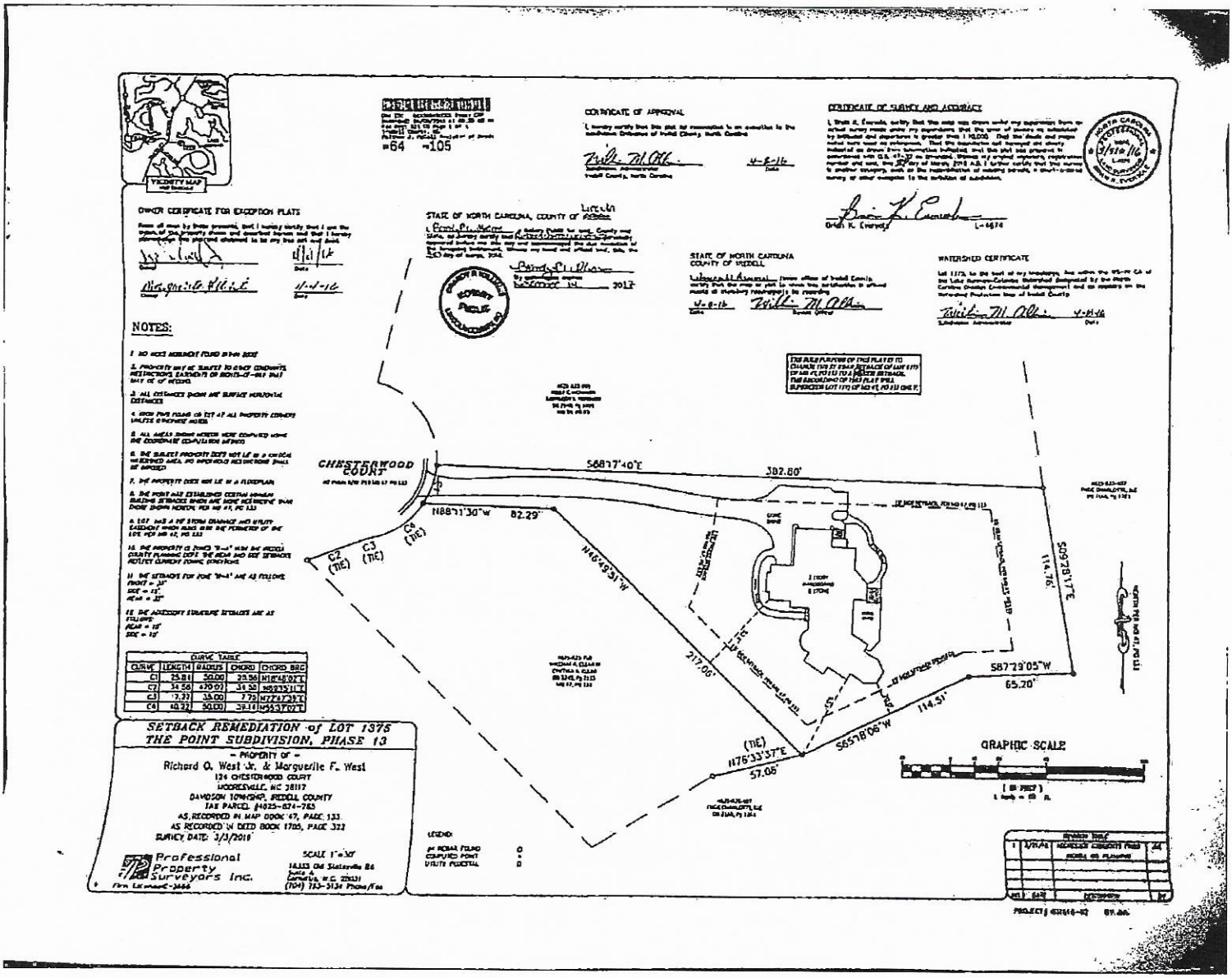
320 +



Saving 30' easement on 3 lower lines

Signature: _____
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

2-15-21
DATE


VICINITY MAP
CERTIFICATE OF APPROVAL
CERTIFICATE OF SURVEY AND ACCURACY
OWNER CERTIFICATE FOR EXCEPTION PLATS
STATE OF NORTH CAROLINA, COUNTY OF Lincoln
STATE OF NORTH CAROLINA COUNTY OF IREDELL
WATERSHED CERTIFICATE
NOTES:
CHESTERWOOD COURT
S68°17'40"E
382.80'
N18°31'30"W
82.29'
N16°49'51"W
217.06'
S87°29'05"W
65.20'
S65°18'06"W
114.51'
N76°33'57"E
57.05'
3,118.60'
114.74'
GRAPHIC SCALE
CURVE TABLE
SETBACK REMEDIATION of LOT 1375
THE POINT SUBDIVISION, PHASE 13
- PROPERTY OF -
Richard O. West Jr. & Marguerite F. West
124 CHESTERWOOD COURT
MOORESVILLE, NC 28117
DAVIDSON TOWNSHIP, IREDELL COUNTY
TAX PARCEL #4825-87-4765
AS RECORDED IN MAP BOOK 47, PAGE 133
AS RECORDED IN DEED BOOK 1705, PAGE 322
SURVEY DATE: 3/3/2016
Professional Property Surveyors Inc.
SCALE 1"=30'
LEGEND:

IREDELL COUNTY · NC

IREDELL COUNTY
PO Box 788
349 North Center St.
Statesville, NC 28677

APPLICATION NUMBER
315066 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4625824765.000	124 CHESTERWOOD CT	IREDELL COUNTY

Owner Information	Applicant Information
Name: BARSOSKY JASON P+MICHELLE A	Name: BARSOSKY JASON P+MICHELLE A
Address: 124 CHESTERWOOD CT	Address: 124 CHESTERWOOD CT
MOORESVILLE , NC 28117	MOORESVILLE, NC 28117
Phone: (603)732-2345	Phone: (603)732-2345

Use Requested	Zone Code
SWIMMING POOL	RACUD, R20CUD

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0.885	150	10	10	10	WSIV-CA Catawba/Lake Norman	NO

Remarks

POOL

Swimming Pool: Must meet requirement R22 of the LDC. Pools shall be located to comply with minimum setbacks for accessory structures- located behind front building line of house, 10' from side & rear property line. Lake lots must meet the 50' setback from the 760 contour line AND the 35' setback from the rear property line. Pools that are not an integral part of the principal building shall be located at least the minimum distance from the principal building necessary to comply with N.C. Building Code. Setback from house could be +/-10'. Fenced with a minimum 4' in height, and equipped with self-closing and positive self-latching gate provided with hardware for permanent locking. Fence not required for above ground pools if they are at least 4' in height, the ladder removed, or when NOT in use have a gate to the ladder as described above. SETBACK TO STRUCTURE COULD BE MORE OR LESS DEPENDING UPON THE BUILDING CODE; HOWEVER THERE IS A ? FT SET BACK FROM THE PROPERTY LINE.*The setback could change depending on the structure and size of the structure.

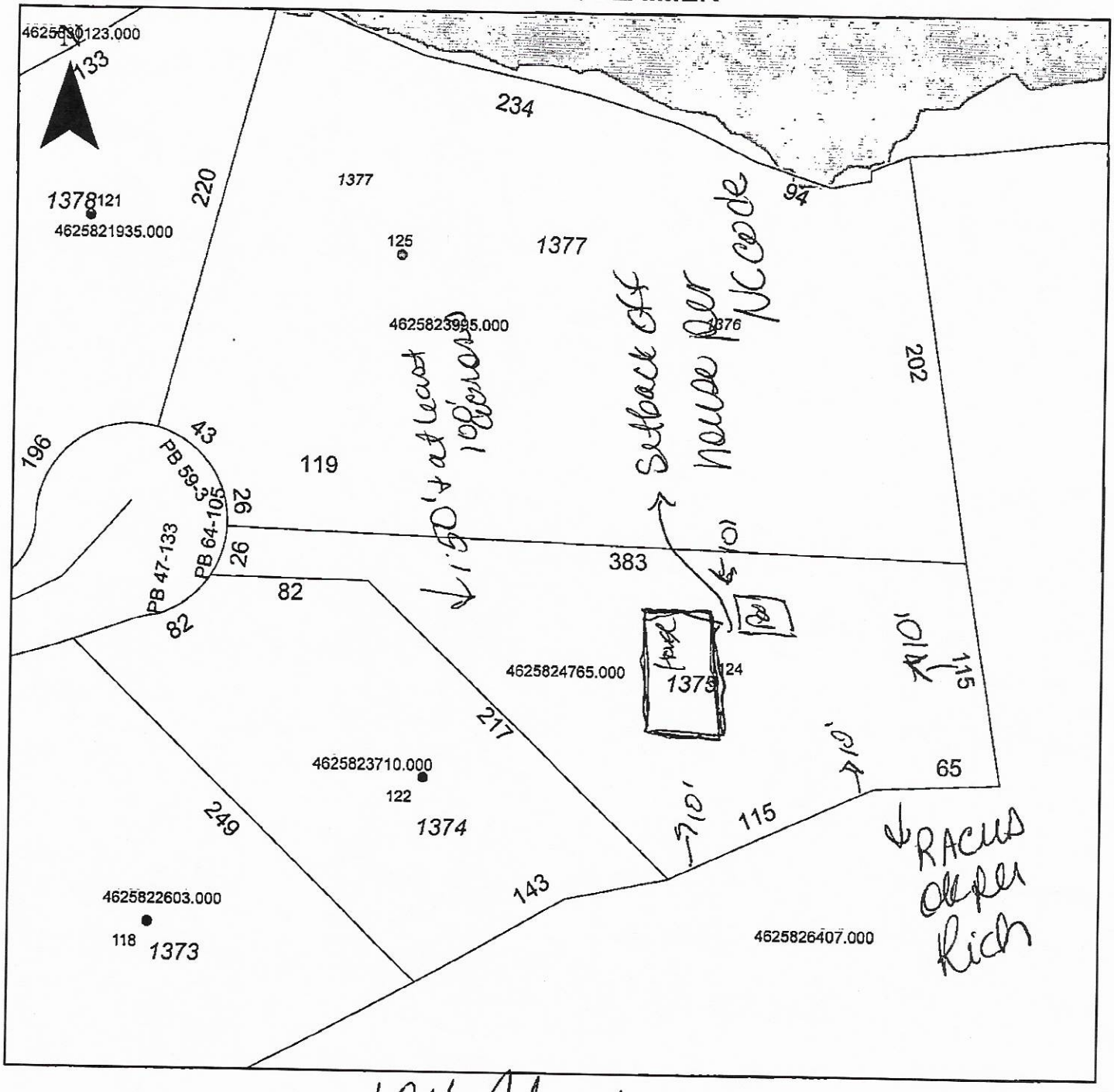
The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, plat conditions and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

Signature of Owner/Contractor

Date: 02/17/2021

Permit Number	315066	TOTAL FEES:	$77.25

ZONING DISCLAIMER



Property Address 124 Chesterwood

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Applicant

Date